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APPLICANTS

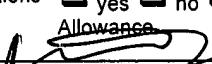
James P. Beck, Kalamazoo, MI;
 Lawrence Y. Fang, Foster City, CA;
 John N. Freskos, Clayton, MO;
 Andrea Gailunas, San Francisco, CA;
 Roy Hom, San Francisco, CA;
 Barbara Jagodzinska, Redwood City, CA;
 Varghese John, San Francisco, CA;
 Michel Maillard, Redwood Shores, CA;
 Shon R. Pulley, Hickory Corners, MI;
 Ruth E. TenBrink, Kalamazoo, MI;

**** CONTINUING DATA *******

This appln claims benefit of 60/215,323 06/30/2000 and claims benefit of 60/252,736 11/22/2000
 and claims benefit of 60/255,956 12/15/2000
 and claims benefit of 60/268,497 02/13/2001
 and claims benefit of 60/279,779 03/29/2001
 and claims benefit of 60/295,589 06/04/2001

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 09/19/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 0	TOTAL CLAIMS 221	INDEPENDENT CLAIMS 14
Verified and Acknowledged							

ADDRESS

20306

TITLE

COMPOUNDS TO TREAT ALZHEIMER'S DISEASE

FILING FEE RECEIVED 5412	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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